

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034218

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 93

Primary Registration District No. \_\_\_\_\_

Registrar's No. 62-55

FILED SEP 25 1962

VS 300  
Rev. 4/591029020290

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1290-0131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY Dadeb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Pilgrim twp.Length of stay in 1b  
36 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Rt. 1, EvertonInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Dadec. CITY OR TOWN EvertonInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Rt. #1Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
William Solomon Coble4. DATE OF DEATH  
Month Day Year  
Sept. 13, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
7-19-18889. AGE (last birthday)  
74IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer10b. KIND OF BUSINESS OR INDUSTRY  
Farm11. BIRTHPLACE (City and state or country)  
Dade Co., Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Benjamin Coble

## 13b. MOTHER'S MAIDEN NAME

Joann Garver

## 14. NAME OF HUSBAND OR WIFE

Lina E. Coble15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
None17. INFORMANT  
Address Rt. #1  
7 Mrs. Lina E. Coble; Everton, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

6 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/27/59 to 9/13/62 and last saw him alive on 8/28/62  
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Lee A. McNeel, Jr. M.D.

## 22b. ADDRESS

Greenfield, Mo.

## 22c. DATE SIGNED

9/15/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Sept. 17, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Ash Grove Cem.

## 23d. LOCATION (City, town, or county)

Ash Grove, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

J. C. Canada, Greenfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

9-17-1962

## 26. REGISTRAR'S SIGNATURE

J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Lee A. McNeel, Jr., M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SEP 26 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196  
P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.